

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10713994	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2	<i>Cancel</i>						52			
3	1						53			
4	1						54			
5	1						55			
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48							98			
49							99			
50							100			
Total Indep	2									
Total Depend	4									
Total Claims	10									

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